

ALLOWANCE HOT LIST

10 086139

Appl. No. _____

Examiner-TC _____

Prepared by _____

Date _____

JACKET

☒ YES ☐ NO Primary Examiner box complete.
☒ YES ☐ NO Issuing Classification complete.

PTO-892/1449:

☒ YES ☐ NO Examiner's initials or cross-through lines supplied for each item cited by applicant.
☒ YES ☐ NO Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)

SPEC:

☒ YES ☐ NO Brief Description of Drawings includes description of each figure in drawings.
☒ YES ☐ NO Continuing data is mentioned in 1st paragraph. (Can be an insert.)

CLAIMS:

☒ YES ☐ NO Claims listed on Notice of Allowability match allowed claims and/or index of claims.
☒ YES ☐ NO Claims correctly numbered in index.
 (No duplicate or missing claim numbers.)
 (No incorrect dependencies.)

CRFE:

☒ YES ☐ NO If necessary (biological sequence listing).

NOTICE OF ALLOWABILITY:

☒ YES ☐ NO Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.

BIB DATA SHEET:

YES NO Initialed BIB Sheet in file.